

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101 599043

FILING DATE

89-18-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3		/		/		
4		/		/		
5		/		/		
6				/		
7	/		/			
8		/		/		
9	/		/			
10		/		/		
11		2		/		
12		2		/		
13	/		/			
14		/		/		
15	/		/			
16	/		/			
17	/		/			
18	/		/			
19	/		/			
20	/		/			
21		/		/		
22		/		/		
23		/		/		
24	/		/			
25		/		/		
26	/		/			
27		/		/		
28		2		/		
29		2		/		
30	/		/			
31		/	/			
32	/		/			
33	/		/			
34	/		/			
35	/		/			
36	/		/			
37	/		/			
38		/		/		
39		/		/		
40		/		/		
41	/		/			
42		/		/		
43	/		/			
44		/		/		
45		2		/		
46		2		/		
47	/		/			
48		/		/		
49	/		/			
50	/		/			
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/			
52	/		/			
53	/		/			
54		(1)		/		
55				/		
56				/		
57				/		
58				/		
59				/		
60				/		
61				/		
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						